FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OND ADDDOVAL						
OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	May 31, 2005					
Estimated average burden						
hours per respo	nse 16.00					

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UNIFORM LIMITED OFFERING EXEMI	TION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Daedalus Offshore: Offering of Redeemable Shares	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE SEC Mall Processing Section
A. BASIC IDENTIFICATION DATA	10.11
1. Enter the information requested about the issuer	MAY 0.2.2008
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	IA
Daedalus Offshore	Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code) e/o Northern Trust International Fund Administration Services (Ireland) Limited, George's Court, 54-62 Townsend Street, Dublin 2, Ireland	Telephone Number (including Area Code) 353-01-670-0600
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as executive offices.	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSED
Securities investment	· ·····································
business trust limited partnership, to be formed Cayma Month Year Actual or Estimated Date of Incorporation or Organization: Month Year Actual String Actual Estimated Date of Incorporation or Organization: Estimated Date of Incorporation or Organization: Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	PROCESSED MAY 0 6 2008 please specify): an Island HOMSON REVIERS imated FIN
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	elow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street. N.W. Washington, D.C 20	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only reporthereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.	ort the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for st ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shal
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal eappropriate federal notice will not result in a loss of an available state exemption unlefiling of a federal notice.	ess such exemption is predictated on the

BASIC IDENTIFICATION DATA Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years, • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Walmsley, William E.J. Business or Residence Address (Number and Street, City, State, Zip Code) c/o The Harbour Trust Co., One Capital Place, P.O. Box 897GT, George Town, Grand Cayman, Cayman Islands Executive Officer Check Box(es) that Apply: Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Anderson, Peter D. Business or Residence Address (Number and Street, City, State, Zip Code) c/o The Harbour Trust Co., One Capital Place, P.O. Box 897GT, George Town, Grand Cayman, Cayman Islands Check Box(es) that Apply: Beneficial Owner Executive Officer ☐ General and/or-Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Beneficial Owner **Executive Officer** Director Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner **Executive Officer** General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	•			В.	INFORMA	TION ABO	UT OFFER	ING				
I. Has the	issuer sol	d, or does					investors				Yes	No X
2. What is	the minim	um invest	ment that	will be acc	epted fron	any indiv	idual?				\$ <u>500</u> ,	000.00*
			discretion,	-							Yes	No
3. Does the										-		
If a perse or states	sion or sim on to be lis , list the na	ilar remun ted is an a me of the	eration for : ssociated pe broker or de	solicitation erson or ag aler. It mo	of purchasent of a bro ore than fiv	sers in conn oker or deal e (5) person	be paid or section with ler registerents to be list r dealer on	sales of se d with the ed are asso	curities in SEC and/o	the offering with a st	ng. ate	
Full Name	(Last name	e first, if in	dividual)									
Business or	r Residenc	e Address	(Number ar	nd Street, C	City, State,	Zip Code)						
Name of A	ssociated :	Broker or l	Dealer	·			•		, .			
States in W	Vhich Pers	on Listed I	las Solicite	d or Inten	ds to Solic	it Purchase	rs	· · · · · · · · · · · · · · · · · · ·				 -
(Chec	k "All Stat	es" or chec	k individua	l States)							🗀 A	Il States
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] (NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	e first, if in	dividual)					: <u></u>		,		
Business o	r Residenc	e Address	(Number a	nd Street,	City, State	, Zip Code))					
Name of A	ssociated	Broker or	Dealer					<u></u>				
States in V	Vhich Pers	on Listed	Has Solicit	ed or Inter	ds to Solic	it Purchase	ers					
(Chec	k "All Stat	es" or chec	k individua	l States)							🗖 🗗	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[1D] [MO] [PA] [PR]
Full Name	(Last nam	e first. if in	idividual)									<u> </u>
Business o	or Residence	e Address	(Number a	ind Street,	City, State	, Zip Code)				· · · · · ·	
Name of A	Associated	Broker or	Dealer				 					
States in V	Which Pers	on Listed	Has Solicit	ed or Inter	ds to Solid	it Purchase	ers					
			k individu								D	All States
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security \$_0.00 \$ 0.00 Debt _____ Common Preferred 0.00 Partnership Interests..... \$ N/A \$<u>N/A</u> Other (Specify shares S 200,000,000,000 **\$** 14,400,000.00 **\$** 14,400,000.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$ 14,400,000.00 Accredited Investors.... Non-accredited Investors 0 \$ 0.00 § N/A Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1. Type of Dollar Amount Security Sold Type of Offering \$_N/A Rule 505 Regulation A \$ N/A \$_N/A Rule 504 \$ N/A a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. \$ 0.00 Transfer Agent's Fees Printing and Engraving Costs X

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Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify) Misc. Operating Expenses

Total

\$_25,000.00

\$ 0.00

\$ 0.00

\$ 0.00

\$_5,000.00

\$ 30,000.00

X

X

_	OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$499,970,000.00
	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part'C-Question 4.b above.		
		Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees	∑ \$ 0.00	<u> ₹</u> \$ <u>0.00</u>
	Purchase of real estate		\$ 0.00
	Purchase, rental or leasing and installation of machinery and equipment	≥ \$_0.00	S 0.00
	Construction or leasing of plant buildings and facilities	₹ \$_0.00	\$ <u>0.00</u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	₩ \$ 0.00	\$ \$ 0.00
	Repayment of indebtedness		_
	Working capital		\$ 499,970,000.00
	Other (specify):	\$ 0.00	▼ 5 0.00
		▼ \$ 0.00	\$ 0.00
	Column Totals		\$ 499,970,000.00
	Total Payments Listed (column totals added)	₹ \$_49	9,970,000.00
	D. FEDERAL SIGNATURE		

Issuer (Print or Type)	Signature	Date
Daedalus Offshore	Mhh	Men 17,208
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
PETER D. ANDERSON	Director of the Issuer	

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)

		E. STATE SIGNATURE			
1.		party described in 17 CFR 230.262 presently subject to any of the disqualification ons of such rule?			
	9	See Appendix, Column 5, for state response.	•		
2.	The undersigned issuer hereby undertakes t D (1 7 CFR 239,500) at such times as requi	o furnish to any state administrator of any state i ired by state law.	in which this notice is fi	led a not	ice on Form
3.	The undersigned issuer hereby undertakes issuer to offerees.	s to furnish to the state administrators, upon w	ritten request, informat	ion furn	ished by the
4.	limited Offering Exemption (ULOE) of the	e issuer is familiar with the conditions that mus e state in which this notice is filed and understan lishing that these conditions have been satisfie	nds that the issuer claim	itled to t ing the a	he Uniform availability
	her has read this notification and knows the control thorized person.	ontents to be true and has duly caused this notice	to be signed on its beha	lf by the	undersigned
lssuer (I	Print or Type)	Signature	Date		
Daeda	lus Offshore	I have	APRIL	17,20	නරි -
Name (I	Print or Type)	Title (Print or Type)	<u> </u>	•	
PE	TOR D. ALDERSON	Director of the Issuer			

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX						
1	Intend to non-a	to sell ccredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Redeemable Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK								<u> </u>			
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AR											
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MI											
MN											
MS											

				APP	ENDIX				
1	Intend to sell to non-accredited investors in State		Type of security and aggregate o non-accredited offering price	4 Type of investor and amount purchased in State (Part C-Item 2)					lification ate ULOE attach ation of granted) Item I)
State	Yes	No	Redeemable Shares	Number of Accredited Investors	Amount	Amount	Yes	No	
мо									
МТ									
NE									
NV						•			
NH									
NJ									
NM									
NY		X	\$500,000,000.00	7	\$14,400,000,00				X
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WI									

				APPI	ENDIX				
t	2 3 Type of security and aggregate offering price offered in state (Part B-Item 1) (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Redeemable Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	' Yes	No
WY			ļ					<u> </u>	
PR									

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